

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-047443

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 123

FILED JAN 3 1964

1. PLACE OF DEATH

a. COUNTY

Clinton

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cameron

Length of stay in 1b

16 Yr.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Cameron Comm. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Clinton

admission)

c. CITY

OR

TOWN

Cameron

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

717 West Third

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First
GeorgeMiddle
WashingtonLast
Silver

4. DATE

OF

DEATH

Month

Day

Year

12- 22 1963

5. SEX

F

6. COLOR OR RACE

W

7. Married

Never Married ☐Widowed ☐

8. DATE OF BIRTH

2-26-1879

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Retired

11. BIRTHPLACE (City and state or country)

Burlingame Kansas

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Silver

13b. MOTHER'S MAIDEN NAME

Marilla Briggs

14. NAME OF HUSBAND OR WIFE

Gertured Silver

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. George Silver Cameron Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN

ONSET AND DEATH

4 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

posterior myocardial infarction

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1946

to 1963

and last saw him alive on 12-22-63

Death occurred at

12:45 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. W. Kinner MD

22b. ADDRESS

Cameron, Mo.

22c. DATE SIGNED

12-23-63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

12-24-1963

23c. NAME OF CEMETERY OR CREMATORY

Burlingame Cemetery

23d. LOCATION (City, town, or county)

Burlingame Kansas

(State)

24. FUNERAL DIRECTOR

ADDRESS

Poland Funeral Home Cameron Mo

25. DATE RECD. BY LOCAL REG.

12-24-63

26. REGISTRAR'S SIGNATURE

Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

10251

20251

4 1

5 1

6

7 1

8 0

9 4201

10

11

12 1-0

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lawrence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.